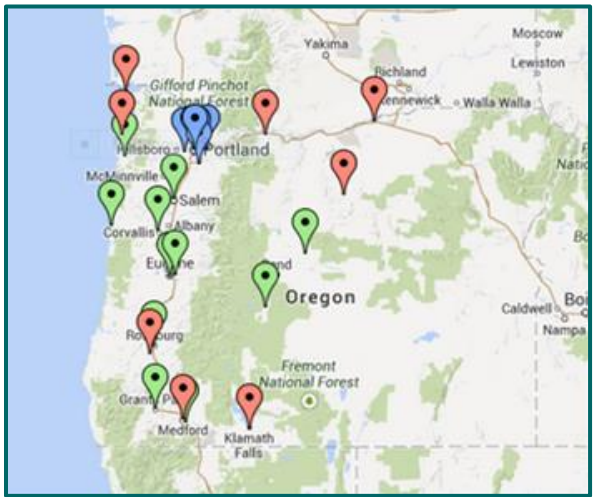
CCO Metric: Depression Screening with a Documented Follow-up Plan



Stories from the field: Workflows, tools, and stories of best practice from Oregon's FQHCs

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Introduction: Purpose of this Guide

Since early 2014, as part of the Data Transparency Project Oregon's CHCs have shared data with both OPCA and with other clinics. As part this project, clinics report data for six key quality metrics, of which one is the CCO incentive metric, **depression screening with a documented follow-up plan.**

The following guide has been developed to share the knowledge and experience of Oregon's CHCs in regards to this CCO metric. The CHCs interviewed within this guide provide a basic description of the process of screening for depression within their own organization, what screening tools they use, and suggestions on how to launch and practice the process of screening successfully.

As we interviewed clinics, we found that each clinic had their own unique approach to depression screening. We hope that the experiences and stories of our CHCs shared within this guide helps others launch or improve the process of screening for depression within their own organization.

Measure Definition: Oregon Health Authority CCO Incentive Measure

The CCO incentive metric definition for this measure is as follows:

Numerator: Patients screened for clinical depression on the date of the encounter, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the day of the positive screen.

Denominator: All patients age 12 years and older with at least one eligible encounter during the measurement period.

Denominator exclusions:

- Patients with an active diagnosis for depression
- Diagnosis of bipolar disorder
- Patient refusal to participate
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of result of standardized depression assessment tools. For example, certain court appointed cases or cases of delirium.

- For more information about this measure, including additional definitions for the above description, please refer to the Oregon Health Authority's Measure Specification Sheet.

- Additional background on this CCO incentive metric is also available within the Oregon Health Authority's Depression Screening and Follow-up Plan Guidance Document.

Interviews from Oregon's CHCs

- As part of the Data Transparency Project, clinics share their data for the CCO metric: Depression screening with documented follow-up plan measure to OPCA and with other clinics.

- As this is a new measure, not all clinics participating in this project are able to report depression screening data.

- For clinic that have been able to report data for this measure, OPCA interviewed clinic staff participating in this initiative to learn more about how each clinic screens for depression and documents a follow-up plan.

- Each CHC was asked the following six questions:

    1. *How frequently does your clinic screen patients for depression?*
    2. *When did your clinic begin the process of screening?*
    3. *Which tool does your clinic use?*
    4. *Who administers the tool?*
    5. *What is your clinic's workflow / standard plan for treatment for patients that screen positive for depression?*
    6. *Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?*

Asher Community Health Center

CHC Profile: Asher Community Health Center:

Primary care clinic: 3 – Fossil, Mitchell, Spray
2013 - Patients seen annually: 975
EMR: EPIC - OCHIN
Website: Asher Community Health Center

Screening for depression workflow at Asher CHC:

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   A depression and anxiety screening is performed with all comprehensive medical exams on patients ages 12 and up. A depression or anxiety screening is performed annually or more frequently as indicated by the provider on patients with any of the following diagnosis: Anxiety, Depression, Chronic Pain, and Diabetes.

2. **When did your clinic begin the process of screening?**

   Our providers have informally been conducting depression screening anytime they concluded during a patient visit that is was needed, however, July 31, 2013 was when we formalized the process of depression screening. It took a couple of additional months to educate support staff, develop consistency, and feel comfortable utilizing the work flow and screening tools.

3. **Which tool does your clinic use?**

   Asher Community Health Center utilizes the PHQ2 and PHQ9 for depression screening and the GAD7 for anxiety screening.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   During the check–in process of a patient encounter the MA opens the Document Flow Sheet tab in the EMR and selects “depression screen” and/or “general anxiety screen”.

The patients are then asked questions 1 and 2 of the depression screen which should be answered with either a yes or a no or if the General Anxiety screen is used they are asked to answer all seven questions.

If either question of the depression screen is answered yes the MA continues asking the patient the rest of the questions on the questionnaire.

If either the MA or patient is uncomfortable with verbally asking or answering the questions, a written form of the questionnaire given to the patient to be completed while waiting to be seen by the provider.

5. What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?

Patients who screen positive for depression are counseled by the provider with referrals made to behavior/ mental health at the provider's discretion. We have no internal behavioral health clinician. Recently we have installed a new Tele-health system which has made possible the ability to schedule consults for patients with an OHSU Psychiatric specialist.

6. Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?

- Educating support staff in the importance of diagnosing and treating depression/anxiety will help in the overall process of staff compliance.
- Instructing support staff to stay matter of fact and to not get too "wordy' when asking the screening questions aids in patient compliance when answering the questions.
- Create a "cheat sheet" for staff on how to code depression screenings properly.

Central City Concern's Old Town Clinic



CHC Profile: Central City Concern

Primary care clinics: 1 - Old Town Clinic
2013 - Patients seen annually: 7,159
EMR: GE Centricity
Website: Central City Concern - Old Town Clinic

Screening for depression workflow at the Old Town Clinic:

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   Once a year.

2. **When did your clinic begin the process of screening?**

   Approximately 5 years ago.

3. **Which tool does your clinic use?**

   PHQ2/PHQ9.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   PHQ2: MA, PHQ9: patient completes and discusses with the provider.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   If possible, a warm handoff is made to a member of our behavioral health team. Providers can also place a referral in the EMR to our IMPACT Program (depression treatment program).

6. **Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?**
   Our MAs have benefitted from modified EMR forms that provide clear guidance on when each screen is due (see attached process document).

Central City Concern Old Town Clinic Procedures
Vital Signs and Rooming Standard Work

Original approval date: December 8, 2013
Most recent revision date:
December 8, 2013
Prepared by: [redacted]

Statement of Purpose: To define the components of the General Medical (GM) office visit rooming process that relate to collecting vital signs and completing care management and screening.

Administration and Oversight: This procedure is to be completed by MAs, overseen by Team Managers and the Nurse Manager.

Procedure:

KEY:

- Touch points are opportunities to connect with patients.
- Safety steps are opportunities to ensure safe care.
- Quality tips are guidance to make this standard work better and easier.
- **Bold:** action items
- **Bold, underlined**: action items in EMR

1. Pre-visit prep, every GM office visit.	
Before patient visit, **complete huddle prep.**	**Follow** team standard and provider preference for huddle content.  QUALITY TIP *All huddle preps should include: immunizations, screening for cancer (cervical and colon), DM status, reason for visit, refills, case management needs.*
At start of shift, **huddle** with provider and team.	**Address** huddle prep, plan of care. Document in **Huddle Prep Document.**
2. Rooming and Vital Signs Standard Work, every GM office visit.	
Greet patient in waiting room and introduce yourself.  TOUCH POINT	
Weigh patient (in lbs): Every visit	

Key: **Bold, underlined: EMR processes** **Bold: action steps**

5. Ask questions, review action needed (Central City Vitals: Vitals/Testing tab), every GM office visit.	
Query on tobacco use – every visit	**Ask patient** "Are you a smoker?" **Mark smoking status.**
Ask patient "Would you like to quit smoking?" – every visit, for smokers	**Mark interest/decline smoking cessation.**
Recent events -- every visit	**Ask patient** "Since your last visit, how many times have you been to the emergency room?" **Enter number in box.** **Ask patient** "How many times have you been admitted to a hospital? **Enter number in box.**  QUALITY TIP **Ask patient** "How many times have you been seen by an outside doctor/specialist?" **Enter number in box.** *If yes, ask for name of hospital and enter relevant details in MA notes. (e.g. "Patient seen at Legacy Mt. Hood ED")*
Review MA Action Needed section of Vitals/Testing tab for guidance on next steps.	**Read this section. It may say, in yellow:** • SBIRT Screen needed- proceed to annual screening tab • Depression screening needed- proceed to annual screening tab • Give pt PHQ2 form • Alert Health Educator- Proceed to Annual screening tab **Follow instructions in MA Action needed section.**

Key: **Bold, underlined: EMR processes** **Bold: action steps**

6. Annual screening (Central City Vitals: Annual Screening Tab) when due.	
Alcohol and Drug Screen-- when due (1x/year)	**Ask questions as scripted on the form.** **If positive, enter room number and click "alert Health Educator"** **If declined, check "declined" checkbox.**
Depression Screen-- when due (1x/year)	**Ask questions as scripted on the form.** **If yes, give pt PHQ9 form for completion.**

7. Visit handoff to provider, every GM office visit.	
Document in MA notes on HPI tab	**Enter any relevant information you need communicate with the provider. Examples:** • **Patient needs help to quit smoking** • **Need follow up for BMI** • **Needs Impact referral; given PHQ9** • **Needs brief intervention + alcohol screen** • **Patient at LGSH ED 2x since last visit**  QUALITY TIP
Set visual cue so that provider knows that patient is ready for exam	**Set room status flag to Black, meaning ready for provider**

Key: **Bold, underlined: EMR processes** **Bold: action steps**

Coastal Family Health Center



CHC Profile: Coastal Family Health Center:

Primary care clinics: 2 – Astoria, Clatskanie
2013 - Patients seen annually: *4,374*
EMR: *EPIC - OCHIN*
Website: *Coastal Family Health Center*

Screening for depression workflow at Coastal FHC:

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   At least once yearly, some of our providers screen every visit if indicated. This is usually when patients have been diagnosed with depression and have been put on a new medication.

2. **When did your clinic begin the process of screening?**

   For at least the last 4 years since I have been here. Our plan is to incorporate screening for all patients. We are working towards putting SBIRT in place.

3. **Which tool does your clinic use?**

   PHQ- we have one provider that has been doing some SBIRT screenings.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   The medical assistants.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   Some patients are managed at our clinic, but for the most part we refer to Clatsop Behavioral Health (CBH) they are located across the hall from us.

La Pine Community Health Center

CHC Profile: La Pine Community Health Center:

Primary care clinics: 1 – La Pine
2013 - Patients seen annually: *4,314*
EMR: *EPIC - OCHIN*
Website: *La Pine Community Health Center*

Screening for depression workflow at La Pine Community Health Center:

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   Because it tends to create a greater opportunity for error our clinic elected not to limit our screening to annually. This is an additional check and it is easy for our staff to forget it or miss it all together and we would not notice that it was happening until we ran the report and didn't see the expected progress.

   We screen every patient every visit. We have found also that patients may become depressed and it is a good clinical indicator for the patients. It is more work to have to deal with it every visit, however, now that it is the norm for our clinic and our patients have gotten used to it we have found that it is an excellent way to serve them better. Patients who are less depressed, and for our demographic we started at about 50% clinically depressed, appear to be healthier.

2. **When did your clinic begin the process of screening?**

   We have been screening for about 20 months now however, we were not tracking the screenings and reporting on them until the start of this workgroup. Since then we have been pleased with how we are doing on this measure and have passed along our complements to our staff. This is giving everyone some much needed encouragement to press on and continue to screen patients.

3. **Which tool does your clinic use?**

   Our clinic uses the PHQ2 to screen every patient every visit. Patients who fail the PHQ2 are screened with the PHQ9. This process meets our requirement for screening and a follow-up plan. However, any good provider knows that they cannot positively identify depression in a patient without adding it to their problem list and taking steps to begin dealing with it as a

chronic or acute condition. Providers will refer to mental health or prescribe anti-depressant medications depending on their level of expertise and relationship with the patient.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   Our medical assistants always administer the tools both PHQ-2 and 9. However, the provider scores the PHQ-9. We believe that the questions themselves and the gathering of the data is not something that requires a providers skills, however, the scoring is absolutely a providers duty. We had a lot of push back on this in the beginning.

   Arguments on both sides of this issue: Medical assistants felt like the questions were much to personal for a medical assistant to be discussing them with patients while providers felt like they were already over taxed on their already short office visits and they should not have to do one more thing. We decided on the split responsibility because it didn't put too great of a burden on either the medical assistant or the provider.

   Though we have no documentation to support it I believe that by having the medical assistants ask the questions of the patients it creates more trust between them and the patient. Initially medical assistants were very uncomfortable, but they grew into this skill and now they are very comfortable and we get a lot of positive comments about them during our yearly survey.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   Patients who screen positive for depression are evaluated by the provider during the visit they screen positive unless other conditions are serious enough to warrant pushing the evaluation to a follow-up appointment. The provider evaluates the patient's depression and attempts to determine what the cause is. If the provider finds that the depression is acute they may prescribe meds or counseling or a treatment plan they are comfortable with. If the depression is found to be chronic, often determined by multiple screenings and multiple evaluations over time, the provider may refer to mental health and hand off the treatment of the depression to a psychiatric specialist.

6. **Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?**

   - Billing for screening and follow-up plan is hard. We have not found a way to charge for this service other than the complexity of the office visit is nearly always increased by dealing with depression.

   - Screen every patient every visit! The stress of having to deal with depression once per year is far greater than opening up the depression topic as a normal thing for your visits and dealing with it. When you limit screening to once per year you will miss opportunities to help patients with things like grief over the loss of a loved one or depression due to the loss of a job. By allowing patients to talk about their depression each visit it opens up opportunities for your outreach workers and other community programs who can help resolve issues and make your patient population healthier.

   - Don't stress the numbers in the beginning. When you start a project like this give it at least 6 months before you worry about the numbers. Support the process by encouraging and training staff, not by hammering on them with performance figures.

- Allow your staff to voice their feelings. If they are having to take on 9 or more difficult questions with patients that they are not used to dealing with, they are going to have feelings of their own that are difficult and will need a place to vent.

- Some providers may not be comfortable treating depression this frequently, they may need training and support to help them in this new process.

- Develop a good relationship with your mental health department before and during this process. Having the support of a good mental health department will help deal with any melt-down situations that arise from depression screening and evaluation. Be prepared for extreme reactions from patients and have a plan to deal with it.

- Know your patient demographic and act accordingly. Remember these are very personal things for patients and the goal is to help them not send them into a tailspin. By researching the patient demographics and utilizing information resources on depression in your area you can gain some clarity on what to expect when you start this process.

- Have a champion for this process who is dynamic and excited about helping your patients. A positive champion can help staff accept and buy-in to this process especially if the staff feels like they are helping people. But beware that a champion that pays insincere complements and down plays the difficult parts of the process will have the opposite effect. Try to pick someone to champion the process who is also involved in doing the process, that way they know what other staff members are going through and can encourage them in a meaningful way.

Neighborhood Health Center



CHC Profile: Neighborhood Health Center:

Primary care clinics: 2 – Beaverton, Oregon City
2013 - Patients seen annually: 4,593
EMR: EPIC - OCHIN
Website: *Neighborhood Health Center*

Screening for depression workflow at Neighborhood Health Center:

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   We screen most patients for depression once a year, more for people on controlled medication agreements as that is part of the agreement.

2. **When did your clinic begin the process of screening?**

   We have been using the PHQ9 for a long time now but did not develop the SBIRT process we have now until the beginning of this year.

3. **Which tool does your clinic use?**

   All patients start with a PHQ2 at the front and if any positive responses will be given a PHQ9 or AUDIT or DAST depending on what response was positive.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   PHQ2 is given by front desk and reviewed by MA if positive MA gives next appropriate screening toll (PHQ, AUDIT, DAST) and leaves in room for provider to score and provide intervention if necessary.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   Workflow depends on clinic as staffing. Warm handoffs are used if behavioral health is on site which is most of the time but if not there will be a referral.

6. **Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?**

   Best advice I could give is start with a small as we learned as we were developing the change that helped when we standardized the process.

Siskiyou Community Health Center



CHC Profile: Siskiyou Community Health Centers

Primary care clinics: 2 – Cave Junction, Grants Pass
2013 - Patient seen annually: 12,475
EMR: NextGen
Website: *Siskiyou Community Health Center*

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   Annually. Our form combines depression, alcohol and substance abuse screening.

2. **When did your clinic begin the process of screening?**

   Screening tool was introduced about a year ago. Only began monitoring process and tracking completion in January, 2014.

3. **Which tool does your clinic use?**

   PHQ-2, PHQ-9

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   MAs check at chart scrub night before appointment to see if screen is due and there is a double-check at intake. Patient gets form in waiting room at one location and in exam room in the other. The patient fills out the form and the MA enters it into EHR. Provider gives PHQ-9 if PHQ2 is positive.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   There isn't a standard plan. Providers can refer to BH for scheduling or (rarely) get a same-day follow-up.

Tillamook County Health Department:
Tillamook Family Health Centers


CHC Profile: Tillamook County Health Department

Primary care clinics: 3 – Cloverdale, Rockaway Beach, Tillamook
2013 - Patients seen annually: 4,295
EMR: EPIC - OCHIN
Website: [Tillamook County Health Department and Family Health Centers]

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   We break it into age groups. 12-18 are done at every provider visit. (this excludes nurse only visits, such as immies only and labs). 19 and older are done once a year unless the patient is coming in specifically for depression.

2. **When did your clinic begin the process of screening?**

   We started tracking the use of the PHQ-9 screening tool in January 2009.

3. **Which tool does your clinic use?**

   We use the PHQ-9 (has PHQ-2 plus the additional 9)

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   Front desk gives the patient the PHQ-9 and the patient completes and hands off to the MA when they are roomed.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   We utilize both referrals to our local counseling center and warm handoffs to our internal behavioral health provider.

6. **Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?**

   Once the process is started, be sure to stay on top of it. This process seems to be one that drops off every few months as the front desk and/or MAs staff get busy. We do an internal audit process that checks to make sure that the process is being done

White Bird Medical Clinic

CHC Profile: White Bird Medical Clinic

Primary care clinics: 1 - Eugene
2013 - Patients seen annually: 3,718
EMR: NextGen
Website: *White Bird Medical Clinic*

1. **How frequently does your clinic screen patients for depression? (most clinics screen at least once a year, or more frequently if needed).**

   At least once per year.

2. **When did your clinic begin the process of screening?**

   January 2013.

3. **Which tool does your clinic use?**

   PHQ-2 (as part of SBIRT) and PHQ-9 if positive for PHQ-2.

4. **Who administers the tool? (e.g. for PHQ-2, who administers the brief screen, and who administers the PHQ-9 if the PHQ-2 is positive).**

   Our Medical Assistant administers the screenings. Physician reviews them.

5. **What is your clinic's workflow / standard plan for treatment (e.g. referrals, warm-hand off to internal behavioral health clinician, etc) for patients that screen positive for depression?**

   Depends on the situation. For some patients, anti-depressant medications are prescribed. On days when we have an in-house behavioral health clinician, we do a warm handoff. If the patient is seen outside that window and agrees to talk to the clinician, we schedule an appointment for the patient and connect them with a Nurse Care Manager to follow the handoff. All Behavioral Health notes are entered in the common patient electronic medical record.

6. **Any "words of wisdom" for clinics that have yet to launch depression screening and the follow-up process within their practice?**

   It has been very valuable for us to have both the behavioral health and the medical notes in a shared medical record (see below EMR form for an example).

Example: Depression screening questions within NextGen EMR form from White Bird Medical Center: